

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

I Authorize any investigator, special agent, or other duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain any information relating to my activities from individuals, schools, residential management agents, employers, criminal justice agencies, credit bureaus, consumer reporting agencies, collection agencies, retail business establishments, or other sources of information. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, criminal history record information, and financial and credit information. I authorize the Federal agency conducting my investigation to disclose the record of my background investigation to the requesting agency for the purpose of making a determination of suitability or eligibility for a security clearance.

I Understand that, for financial or lending institutions, medical institutions, hospitals, health care professionals, and other sources of information, a separate specific release will be needed, and I may be contacted for such a release at a later date. Where a separate release is requested for information relating to mental health treatment or counseling, the release will contain a list of the specific questions, relevant to the job description, which the doctor or therapist will be asked.

I Further Authorize any investigator, special agent, or other duly accredited representative of the U.S. Office of Personnel Management, the Federal Bureau of Investigation, the Department of Defense, the Defense Investigative Service, and any other authorized Federal agency, to request criminal record information about me from criminal justice agencies for the purpose of determining my eligibility for access to classified information and/or for assignment to, or retention in a sensitive National Security position, in accordance with 5 U.S.C. 9101. I understand that I may request a copy of such records as may be available to me under the law.

I Authorize custodians of records and sources of information pertaining to me to release such information upon request of the investigator, special agent, or other duly accredited representative of any Federal agency authorized above regardless of any previous agreement to the contrary.

I Understand that the information released by records custodians and sources of information is for official use by the Federal Government only for the purposes provided in this Standard Form 86, and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for five (5) years from the date signed or upon the termination of my affiliation with the Federal Government, whichever is sooner. Read, sign and date the release on the next page if you answered "Yes" to question 21.

Signature (Sign in ink)	Full Name (Type or Print Legibly)		Date Signed
Other Names Used			Social Security Number
Current Address (Street, City)	State	ZIP Code	Home Telephone Number (Include Area Code) ()

UNITED STATES OF AMERICA

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

Carefully read this authorization to release information about you, then sign and date it in ink.

Instructions for Completing this Release

This is a release for the investigator to ask your health practitioner(s) the three questions below concerning your mental health consultations. Your signature will allow the practitioner(s) to answer only these questions.

I am seeking assignment to or retention in a position with the Federal government which requires access to classified national security information or special nuclear information or material. As part of the clearance process, I hereby authorize the investigator, special agent, or duly accredited representative of the authorized Federal agency conducting my background investigation, to obtain the following information relating to my mental health consultations:

Does the person under investigation have a condition or treatment that could impair his/her judgment or reliability, particularly in the context of safeguarding classified national security information or special nuclear information or material?

If so, please describe the nature of the condition and the extent and duration of the impairment or treatment.

What is the prognosis?

I understand the information released pursuant to this release is for use by the Federal Government only for purposes provided in the Standard Form 86 and that it may be redisclosed by the Government only as authorized by law.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for 1 year from the date signed or upon termination of my affiliation with the Federal Government, whichever is sooner.

Signature (<i>Sign in ink</i>)	Full Name (<i>Type or Print Legibly</i>)		Date Signed
Other Names Used			Social Security Number
Current Address (<i>Street, City</i>)	State	ZIP Code	Home Telephone Number (<i>Include Area Code</i>) ()

**N-400 Application
for Naturalization**

Print clearly or type your answers using CAPITAL letters. Failure to print clearly may delay your application. Use black ink.

Part 1. Your Name *(Person applying for naturalization)*

Write your USCIS A-Number here:
A

A. Your current legal name.

Family Name *(Last Name)*

Given Name *(First Name)*

Full Middle Name *(If applicable)*

B. Your name exactly as it appears on your Permanent Resident Card.

Family Name *(Last Name)*

Given Name *(First Name)*

Full Middle Name *(If applicable)*

C. If you have ever used other names, provide them below.

Family Name *(Last Name)*

Given Name *(First Name)*

Middle Name

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
<input type="text"/>
<input type="text"/>

D. Name change *(optional)*

Read the Instructions before you decide whether to change your name.

1. Would you like to legally change your name? ☐ Yes ☐ No

2. If "Yes," print the new name you would like to use. Do not use initials or abbreviations when writing your new name.

Family Name *(Last Name)*

Given Name *(First Name)*

Full Middle Name

Part 2. Information About Your Eligibility *(Check only one)*

I am at least 18 years old AND

- A. ☐ I have been a lawful permanent resident of the United States for at least five years.
- B. ☐ I have been a lawful permanent resident of the United States for at least three years, and I have been married to and living with the same U.S. citizen for the last three years, and my spouse has been a U.S. citizen for the last three years.
- C. ☐ I am applying on the basis of qualifying military service.
- D. ☐ Other *(Explain)* _____

For USCIS Use Only

Bar Code

Date Stamp

Remarks

Action Block



Part 3. Information About You

Write your USCIS A-Number here:

A

A. U.S. Social Security Number

B. Date of Birth (mm/dd/yyyy)

C. Date You Became a Permanent Resident (mm/dd/yyyy)

D. Country of Birth

E. Country of Nationality

F. Are either of your parents U.S. citizens? (If yes, see instructions)

☐ Yes☐ No

G. What is your current marital status?

☐ Single, Never Married☐ Married☐ Divorced☐ Widowed☐ Marriage Annulled or Other (Explain) _____

H. Are you requesting a waiver of the English and/or U.S. History and Government requirements based on a disability or impairment and attaching Form N-648 with your application?

☐ Yes☐ No

I. Are you requesting an accommodation to the naturalization process because of a disability or impairment? (See instructions for some examples of accommodations.)

☐ Yes☐ No

If you answered "Yes," check the box below that applies:

☐ I am deaf or hearing impaired and need a sign language interpreter who uses the following language: _____☐ I use a wheelchair.☐ I am blind or sight impaired.☐ I will need another type of accommodation. Explain: _____

_____**Part 4. Addresses and Telephone Numbers**A. Home Address - Street Number and Name (Do **not** write a P.O. Box in this space.)

Apartment Number

City

County

State

ZIP Code

Country

B. Care of

Mailing Address - Street Number and Name (If different from home address)

Apartment Number

City

State

ZIP Code

Country

C. Daytime Phone Number (If any)

Evening Phone Number (If any)

E-Mail Address (If any)

Part 5. Information for Criminal Records Search

Write your USCIS A-Number here:

A

NOTE: The categories below are those required by the FBI. See instructions for more information.**A. Gender**☐ Male ☐ Female**B. Height**

Feet Inches

C. Weight

Pounds

D. Are you Hispanic or Latino?☐ Yes ☐ No**E. Race (Select one or more)**☐ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander**F. Hair color**☐ Black ☐ Brown ☐ Blonde ☐ Gray ☐ White ☐ Red ☐ Sandy ☐ Bald (No Hair)**G. Eye color**☐ Brown ☐ Blue ☐ Green ☐ Hazel ☐ Gray ☐ Black ☐ Pink ☐ Maroon ☐ Other**Part 6. Information About Your Residence and Employment****A. Where have you lived during the last five years? Begin with where you live now and then list every place you lived for the last five years. If you need more space, use a separate sheet of paper.**

Street Number and Name, Apartment Number, City, State, Zip Code, and Country	Dates (mm/dd/yyyy)	
	From	To
Current Home Address - Same as Part 4.A .		Present

B. Where have you worked (or, if you were a student, what schools did you attend) during the last five years? Include military service. Begin with your current or latest employer and then list every place you have worked or studied for the last five years. If you need more space, use a separate sheet of paper.

Employer or School Name	Employer or School Address (Street, City, and State)	Dates (mm/dd/yyyy)		Your Occupation
		From	To	

Part 7. Time Outside the United States
(Including Trips to Canada, Mexico and the Caribbean Islands)

Write your USCIS A-Number here:
A

- A. How many total days did you spend outside of the United States during the past five years? days
- B. How many trips of 24 hours or more have you taken outside of the United States during the past five years? trips
- C. List below all the trips of 24 hours or more that you have taken outside of the United States since becoming a lawful permanent resident. Begin with your most recent trip. If you need more space, use a separate sheet of paper.

Date You Left the United States (mm/dd/yyyy)	Date You Returned to the United States (mm/dd/yyyy)	Did Trip Last Six Months or More?		Countries to Which You Traveled	Total Days Out of the United States
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Part 8. Information About Your Marital History

- A. How many times have you been married (including annulled marriages)? If you have **never** been married, go to Part 9.

- B. If you are now married, give the following information about your spouse:

1. Spouse's Family Name (Last Name)	Given Name (First Name)	Full Middle Name (If applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Date of Birth (mm/dd/yyyy)	3. Date of Marriage (mm/dd/yyyy)	4. Spouse's U.S. Social Security #
<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Home Address - Street Number and Name		Apartment Number
<input type="text"/>		<input type="text"/>
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part 8. Information About Your Marital History (Continued)

Write your USCIS A-Number here:

A

C. Is your spouse a U.S. citizen? ☐ Yes ☐ No

D. If your spouse is a U.S. citizen, give the following information:

1. When did your spouse become a U.S. citizen?

☐ At Birth☐ Other

If "Other," give the following information:

2. Date your spouse became a U.S. citizen

3. Place your spouse became a U.S. citizen (See instructions)

City and State

E. If your spouse is **not** a U.S. citizen, give the following information :

1. Spouse's Country of Citizenship

2. Spouse's USCIS A- Number (If applicable)

A

3. Spouse's Immigration Status

☐ Lawful Permanent Resident☐ Other

F. If you were married before, provide the following information about your prior spouse. If you have more than one previous marriage, use a separate sheet of paper to provide the information requested in Questions 1-5 below.

1. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

☐ U.S. Citizen☐ Lawful Permanent Resident☐ Other

3. Date of Marriage (mm/dd/yyyy)

4. Date Marriage Ended (mm/dd/yyyy)

5. How Marriage Ended

☐ Divorce☐ Spouse Died☐ Other

G. How many times has your current spouse been married (including annulled marriages)?

If your spouse has ever been married before, give the following information about **your spouse's** prior marriage.

If your spouse has more than one previous marriage, use a separate sheet(s) of paper to provide the information requested in Questions 1 - 5 below.

1. Prior Spouse's Family Name (Last Name)

Given Name (First Name)

Full Middle Name (If applicable)

2. Prior Spouse's Immigration Status

☐ U.S. Citizen☐ Lawful Permanent Resident☐ Other

3. Date of Marriage (mm/dd/yyyy)

4. Date Marriage Ended (mm/dd/yyyy)

5. How Marriage Ended

☐ Divorce☐ Spouse Died☐ Other

Part 9. Information About Your Children

Write your USCIS A-Number here:

A

A. How many sons and daughters have you had? For more information on which sons and daughters you should include and how to complete this section, see the Instructions.

B. Provide the following information about all of your sons and daughters. If you need more space, use a separate sheet of paper.

Full Name of Son or Daughter	Date of Birth (mm/dd/yyyy)	USCIS A- number (if child has one)	Country of Birth	Current Address (Street, City, State and Country)
		A		
		A		
		A		
		A		
		A		
		A		
		A		

Add Children

Go to continuation page

Part 10. Additional Questions

Answer Questions 1 through 14. If you answer "Yes" to any of these questions, include a written explanation with this form. Your written explanation should (1) explain why your answer was "Yes" and (2) provide any additional information that helps to explain your answer.

A. General Questions.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Have you ever claimed to be a U.S. citizen (in writing or any other way)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever registered to vote in any Federal, State, or local election in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever voted in any Federal, State, or local election in the United States? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Since becoming a lawful permanent resident, have you ever failed to file a required Federal, State, or local tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Do you owe any Federal, State, or local taxes that are overdue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have any title of nobility in any foreign country? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Have you ever been declared legally incompetent or been confined to a mental institution within the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part 10. Additional Questions (Continued)Write your USCIS A-Number here:
A**B. Affiliations.**

8. a. Have you ever been a member of or associated with any organization, association, fund foundation, party, club, society, or similar group in the United States or in any other place? ☐ Yes ☐ No
- b. If you answered "Yes," list the name of each group below. If you need more space, attach the names of the other group(s) on a separate sheet of paper.

Name of Group	Name of Group
1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

9. Have you ever been a member of or in any way associated (*either directly or indirectly*) with:

- a. The Communist Party? ☐ Yes ☐ No
- b. Any other totalitarian party? ☐ Yes ☐ No
- c. A terrorist organization? ☐ Yes ☐ No

10. Have you ever advocated (*either directly or indirectly*) the overthrow of any government by force or violence? ☐ Yes ☐ No

11. Have you ever persecuted (*either directly or indirectly*) any person because of race, religion, national origin, membership in a particular social group, or political opinion? ☐ Yes ☐ No

12. Between March 23, 1933, and May 8, 1945, did you work for or associate in any way (*either directly or indirectly*) with:

- a. The Nazi government of Germany? ☐ Yes ☐ No
- b. Any government in any area (1) occupied by, (2) allied with, or (3) established with the help of the Nazi government of Germany? ☐ Yes ☐ No
- c. Any German, Nazi, or S.S. military unit, paramilitary unit, self-defense unit, vigilante unit, citizen unit, police unit, government agency or office, extermination camp, concentration camp, prisoner of war camp, prison, labor camp, or transit camp? ☐ Yes ☐ No

C. Continuous Residence.

Since becoming a lawful permanent resident of the United States:

13. Have you ever called yourself a "nonresident" on a Federal, State, or local tax return? ☐ Yes ☐ No
14. Have you ever failed to file a Federal, State, or local tax return because you considered yourself to be a "nonresident"? ☐ Yes ☐ No

D. Good Moral Character.

For the purposes of this application, you must answer "Yes" to the following questions, if applicable, even if your records were sealed or otherwise cleared or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record.

15. Have you ever committed a crime or offense for which you were not arrested? ☐ Yes ☐ No
16. Have you ever been arrested, cited, or detained by any law enforcement officer (including USCIS or former INS and military officers) for any reason? ☐ Yes ☐ No
17. Have you ever been charged with committing any crime or offense? ☐ Yes ☐ No
18. Have you ever been convicted of a crime or offense? ☐ Yes ☐ No
19. Have you ever been placed in an alternative sentencing or a rehabilitative program (for example: diversion, deferred prosecution, withheld adjudication, deferred adjudication)? ☐ Yes ☐ No
20. Have you ever received a suspended sentence, been placed on probation, or been paroled? ☐ Yes ☐ No
21. Have you ever been in jail or prison? ☐ Yes ☐ No

If you answered "Yes" to any of Questions 15 through 21, complete the following table. If you need more space, use a separate sheet of paper to give the same information.

Why were you arrested, cited, detained, or charged?	Date arrested, cited, detained, or charged? (mm/dd/yyyy)	Where were you arrested, cited, detained, or charged? (City, State, Country)	Outcome or disposition of the arrest, citation, detention, or charge (No charges filed, charges dismissed, jail, probation, etc.)

Answer Questions 22 through 33. If you answer "Yes" to any of these questions, attach (1) your written explanation why your answer was "Yes" and (2) any additional information or documentation that helps explain your answer.

22. Have you ever:

- a. Been a habitual drunkard? ☐ Yes ☐ No
- b. Been a prostitute, or procured anyone for prostitution? ☐ Yes ☐ No
- c. Sold or smuggled controlled substances, illegal drugs, or narcotics? ☐ Yes ☐ No
- d. Been married to more than one person at the same time? ☐ Yes ☐ No
- e. Helped anyone enter or try to enter the United States illegally? ☐ Yes ☐ No
- f. Gambled illegally or received income from illegal gambling? ☐ Yes ☐ No
- g. Failed to support your dependents or to pay alimony? ☐ Yes ☐ No

23. Have you ever given false or misleading information to any U.S. Government official while applying for any immigration benefit or to prevent deportation, exclusion, or removal? ☐ Yes ☐ No

24. Have you ever lied to any U.S. Government official to gain entry or admission into the United States? ☐ Yes ☐ No

Part 10. Additional Questions (Continued)Write your USCIS A-Number here:
A**E. Removal, Exclusion, and Deportation Proceedings.**

25. Are removal, exclusion, rescission, or deportation proceedings pending against you? ☐ Yes ☐ No
26. Have you ever been removed, excluded, or deported from the United States? ☐ Yes ☐ No
27. Have you ever been ordered to be removed, excluded, or deported from the United States? ☐ Yes ☐ No
28. Have you ever applied for any kind of relief from removal, exclusion, or deportation? ☐ Yes ☐ No

F. Military Service.

29. Have you ever served in the U.S. Armed Forces? ☐ Yes ☐ No
30. Have you ever left the United States to avoid being drafted into the U.S. Armed Forces? ☐ Yes ☐ No
31. Have you ever applied for any kind of exemption from military service in the U.S. Armed Forces? ☐ Yes ☐ No
32. Have you ever deserted from the U.S. Armed Forces? ☐ Yes ☐ No

G. Selective Service Registration.

33. Are you a male who lived in the United States at any time between your 18th and 26th birthdays in any status except as a lawful nonimmigrant? ☐ Yes ☐ No

If you answered "NO," go on to question 34.

If you answered "YES," provide the information below.

If you answered "YES," but you did not register with the Selective Service System and are still under 26 years of age, you must register before you apply for naturalization, so that you can complete the information below:

Date Registered (mm/dd/yyyy)

Selective Service Number

If you answered "YES," but you did not register with the Selective Service and you are now 26 years old or older, attach a statement explaining why you did not register.

H. Oath Requirements. (See Part 14 for the text of the oath)

Answer Questions 34 through 39. If you answer "No" to any of these questions, attach (1) your written explanation why the answer was "No" and (2) any additional information or documentation that helps to explain your answer.

34. Do you support the Constitution and form of government of the United States? ☐ Yes ☐ No
35. Do you understand the full Oath of Allegiance to the United States? ☐ Yes ☐ No
36. Are you willing to take the full Oath of Allegiance to the United States? ☐ Yes ☐ No
37. If the law requires it, are you willing to bear arms on behalf of the United States? ☐ Yes ☐ No
38. If the law requires it, are you willing to perform noncombatant services in the U.S. Armed Forces? ☐ Yes ☐ No
39. If the law requires it, are you willing to perform work of national importance under civilian direction? ☐ Yes ☐ No

Part 11. Your SignatureWrite your USCIS A-Number here:
A

I certify, under penalty of perjury under the laws of the United States of America, that this application, and the evidence submitted with it, are all true and correct. I authorize the release of any information that the USCIS needs to determine my eligibility for naturalization.

Your Signature

Date (mm/dd/yyyy)

Part 12. Signature of Person Who Prepared This Application for You (If applicable)

I declare under penalty of perjury that I prepared this application at the request of the above person. The answers provided are based on information of which I have personal knowledge and/or were provided to me by the above named person in response to the exact questions contained on this form.

Preparer's Printed Name

Preparer's Signature

Date (mm/dd/yyyy)

Preparer's Firm or Organization Name (If applicable)

Preparer's Daytime Phone Number

Preparer's Address - Street Number and Name

City

State

Zip Code

NOTE: Do not complete Parts 13 and 14 until a USCIS Officer instructs you to do so.**Part 13. Signature at Interview**

I swear (affirm) and certify under penalty of perjury under the laws of the United States of America that I know that the contents of this application for naturalization subscribed by me, including corrections numbered 1 through _____ and the evidence submitted by me numbered pages 1 through _____, are true and correct to the best of my knowledge and belief.

Subscribed to and sworn to (affirmed) before me

Officer's Printed Name or Stamp

Date (mm/dd/yyyy)

Complete Signature of Applicant

Officer's Signature

Part 14. Oath of Allegiance

If your application is approved, you will be scheduled for a public oath ceremony at which time you will be required to take the following Oath of Allegiance immediately prior to becoming a naturalized citizen. By signing, you acknowledge your willingness and ability to take this oath:

I hereby declare, on oath, that I absolutely and entirely renounce and abjure all allegiance and fidelity to any foreign prince, potentate, state, or sovereignty, of whom or which I have heretofore been a subject or citizen;

that I will support and defend the Constitution and laws of the United States of America against all enemies, foreign and domestic;

that I will bear true faith and allegiance to the same;

that I will bear arms on behalf of the United States when required by the law;

that I will perform noncombatant service in the Armed Forces of the United States when required by the law;

that I will perform work of national importance under civilian direction when required by the law; and

that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God.

Printed Name of Applicant

Complete Signature of Applicant

Instructions

NOTE: Type or print clearly with black ink. Be sure this form and the complete return address are legible. Do not leave any questions unanswered. When appropriate, insert "None," "Not Applicable," or "N/A." For further assistance, contact the Military Help Line, 1-877-CIS-4MIL (1-877-247-4645) or visit www.uscis.gov/military.

What Is the Purpose of This Form?

This form is for current or former members of the U.S. Armed Forces who are applying for naturalization under the Immigration and Nationality Act. Completion and certification of this form by the applicant and certifying official will serve as an authenticated certification of military service.

Failure to provide the information requested, with the exception of your U.S. Social Security Number (SSN), may delay a final decision or result in denial of your Form N-400, Application for Naturalization. Your application will not be denied for failure to provide your SSN; however, it may prove difficult to verify your military service if you do not provide it since military records are indexed by SSN.

How to File

If you are applying for naturalization under section 328 or 329 of the Immigration and Nationality Act, submit this form along with:

1. Form N-400, Application for Naturalization;
2. Copy of Form DD-214, Certificate of Release or Discharge from Active Duty; and
3. Form G-325B, Biographic Information.

Refer to "Where to File?" of the filing instructions for Form N-400.

Authority for Collecting This Information

Our authority for collecting the information requested on this form is contained in sections 328 and 329 of the Immigration and Nationality Act (8 U.S.C. 1439 and 1440).

Information solicited that indicates a violation or potential violation of law, whether civil, criminal, or regulatory in nature, may be referred as a routine use to the appropriate agency, whether Federal, State, local, or foreign, charged with the responsibility of investigating, enforcing, or prosecuting such violations.

All or part of the information solicited may as a matter of routine use be disclosed to courts exercising naturalization jurisdiction and to other Federal, State, local, and foreign law enforcement and regulatory agencies, the Department of Defense, including any component thereof, Selective Service System, Department of State, Department of the Treasury, Central Intelligence Agency, Interpol, and individuals and organizations that process the application for naturalization, or during the courses of investigations, to elicit further information required by USCIS to carry out its functions.

Failure to provide any or all of the solicited information may delay the naturalization process or result in a failure to locate military records or prove qualifying military service.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 20 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N. W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0053. **Do not mail your application to this address.**

Persons who are serving or have served under specified conditions in the Armed Forces of the United States are granted certain exemptions from the general requirements for naturalization. To establish eligibility, the law requires the department with custody of the service record to certify whether the service member served honorably, and whether each separation from the service was under honorable conditions. Certification of the service member's military service listed on this form is required. **Submit this form with Form N-400, Application for Naturalization.** If the service member was issued Form DD 214, Certificate of Release or Discharge from Active Duty, attach a photocopy. For further assistance, contact the Military Help Line, 1-877-CIS-4MIL (1-877-247-4645) or visit www.uscis.gov/military.

For USCIS Use Only

Date Returned:
To:
Initials:
Comments:

Alien Registration Number A	Military Service Number	Date of Request
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Name Used During Active Service (<i>Last, First, Middle</i>)	U.S. Social Security Number	Date of Birth	Place of Birth (Country and City)
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Present Address:

Phone Number(s):

E-Mail Address(es):

Military Service <i>List all periods of service. (Use a blank sheet if more space is needed.)</i>

TO BE COMPLETED BY APPLICANT OR CERTIFYING OFFICIAL				TO BE COMPLETED BY CERTIFYING OFFICIAL
Branch of Service	Date Service Began	Date Service Ended	Type of Service (<i>includes all active, reserve, and National Guard Service</i>)	Applicant served honorably or is currently serving honorably?
			<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve* <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (give details in Remarks)
			<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve* <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (give details in Remarks)
			<input type="checkbox"/> Active Duty <input type="checkbox"/> Selected Reserve of the Ready Reserve* <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No (give details in Remarks)

*Selected Reserve of the Ready Reserve members: (1) participate in at least 48 scheduled drills or training periods during each year and serve on active duty for training at least 14 days each year; or (2) participate in training at encampments, maneuvers, outdoor target practice, or other exercises at least 15 days each year. (10 U.S.C. 10143)

Where did the applicant enlist (Country, State, and City where the applicant entered service)?

Has the applicant reenlisted? ☐ Yes ☐ No

Where did the applicant reenlist?

Signature of Applicant

Separation Information

Is the applicant separated? ☐ Yes ☐ No

If separated, select discharge type: ☐ Honorable ☐ Other (give details in Remarks section)

Was the applicant discharged on account of alienage? ☐ Yes ☐ No (if "Yes," give details in Remarks section)

Remarks

Use for continuation of any of the above items. You should also list in the space below any derogatory information in your records relating to the service member's character, loyalty to the United States, disciplinary actions, convictions, or other matters concerning his or her fitness for citizenship. (Use a blank sheet if more space is needed.)

Certification

TO BE COMPLETED BY CERTIFYING OFFICIAL

I am authorized to certify that the information given here concerning the service of the person named on this form is correct according to the records of the

Name of Department _____	Official Signature _____
[SEAL, if available] (No State-issued notary Public seals accepted.)	Name and Title _____
Date _____	Phone Number and E-Mail Address _____

